### Case 2:14-bk-54125 Doc 42 Filed 12/09/14 Entered 12/09/14 14:13:37 Desc Main Document Page 1 of 4

Fill in this information to	o identify your case:	
Debtor 1	Lamarr Williams	_
Debtor 2 (Spouse, if filing)	Vanessa Williams	_
United States Bankrup	tcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number 2:1	4-bk-54125	Check if this is:
()		<ul> <li>An amended filing</li> <li>A supplement showing post-petition chapter</li> <li>13 income as of the following date:</li> </ul>
Official Form	B 6I	MM / DD/ YYYY

#### **Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
Fill in your employment information.			Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>	<ul><li>■ Employed</li><li>□ Not employed</li></ul>
	employers.	Occupation	Senior Team Leader	Prescription Benefits Specialist
Include part-time, seasonal, or self-employed work.  Cocupation may include student or homemaker, if it applies.  Employer's name  Employer's address		Employer's name	unemployed	Express Scripts, Inc.
			100 PArsons Pond Drive Franklin Lakes, NJ 07417	
		How long employed there?		4 Years 3 Months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				For Debtor 1		filing spouse
2.	<b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	0.00	\$	2,446.21
3.	Estimate and list monthly overtime pay.	3.	+\$	0.00	+\$	54.25
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	0.00	\$	2,500.46

Official Form B 6I Schedule I: Your Income page 1

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	otor 1 otor 2	Lamarr Williams Vanessa Williams	-	Case	number (if known)	2:14-bk-54	125	
	Cop	by line 4 here	4.	Fo:	r Debtor 1	For Debto		
_				_				
5.		all payroll deductions:	_	•		•		
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a. 5b.	\$_ \$	0.00	\$ \$	516.58	
	5c.	, ,	50. 5c.	\$-	0.00	\$ 	0.00	
	5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5d.	\$ \$	0.00	\$	0.00	
	5u. 5e.	Insurance	5u. 5e.	\$-	0.00	\$	0.00 100.84	
	5f.	Domestic support obligations	5f.	<sup>ψ</sup> –	0.00	\$	0.00	
	5g.	Union dues	5g.	\$-	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	\$-		+ \$	0.00	
6.	Ado	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	<b>—</b> 6.	\$	0.00	\$	617.42	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	* <b>-</b>	0.00	\$ 1	,883.04	
		• • • •	•	Ť <b>–</b>	0.00		,003.04	
8.	8a.	All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property cettlement.		e		¢.		
	8d.	settlement, and property settlement.  Unemployment compensation	8c. 8d.	\$_ \$	0.00	\$	0.00	
	8e.	Social Security	8e.	φ_	0.00	φ	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		\$_ \$		\$ \$		
	8g.	Specify: Pension or retirement income	– 8g.	\$-	0.00 1,571.76	\$	0.00	
	8h.	Other monthly income. Specify: Severance Pay	8h.+	\$-		+ \$	0.00	
	011.	Octoranoc ray	_ `		2,000.00	· <u> </u>	0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,371.76	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		4,371.76 + \$_	1,883.04	= \$6	,254.80
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depend		•			0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainlies					\$6	,254.80
12	Do.	you expect an increase or decrease within the year after you file this form	2				Combine monthly i	
13.		No.  Yes. Explain:	•					

Official Form B 6I Schedule I: Your Income page 2

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	to this to force of a six to the officer or a				
FIII	in this information to identify your case:				
Deb	Lamarr Williams		Ch	eck if this is:	
				An amended filing	
Deb	otor 2 Vanessa Williams				ring post-petition chapter
(Spo	ouse, if filing)			13 expenses as of t	the following date:
Unit	ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO			MM / DD / YYYY	
Cas	se number 2:14-bk-54125			A separate filing for	Debtor 2 because Debtor
	nown)			2 maintains a separ	
Of	fficial Form B 6J				
S	chedule J: Your Expenses				12/13
info nur	as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.  It 1:  Describe Your Household				
1 aı	Is this a joint case?				
	□ No. Go to line 2.				
	Yes. Does Debtor 2 live in a separate household?				
	·				
	■ No				
	☐ Yes. Debtor 2 must file a separate Schedule J.				
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Pes. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents' names.				☐ Yes
					□ No
					☐ Yes ☐ No
					☐ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?  It 2: Estimate Your Ongoing Monthly Expenses				
Est exp	timate your expenses as of your bankruptcy filing date unless yoenses as of a date after the bankruptcy is filed. If this is a suppolicable date.				
the	lude expenses paid for with non-cash government assistance is value of such assistance and have included it on Schedule I: Yeficial Form 6I.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4.	\$	0.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	·	100.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	\$	50.00
	4d. Homeowner's association or condominium dues		4d.		0.00
5.	Additional mortgage payments for your residence, such as ho	me equity loans	5.	\$	0.00

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	tor 1 tor 2	Lamarr W Vanessa		Case num	ber (if known)	2:14-bk-54125	
6.	6. Utilities:						
	6a.	Electricity, I	heat, natural gas	6a.	\$	300.00	
	6b.	Water, sew	ver, garbage collection	6b.	\$	110.00	
	6c.		, cell phone, Internet, satellite, and cable services	6c.	\$	195.00	
	6d.	Other. Spec	cify:	6d.	\$	0.00	
7.	Food	l and house	keeping supplies	7.	\$	600.00	
8.	Child	dcare and ch	hildren's education costs	8.	\$	0.00	
9.	Cloth	ning, laundry	y, and dry cleaning	9.	\$	105.00	
10.	Perso	onal care pr	roducts and services	10.	\$	48.00	
11.	Medi	cal and den	ntal expenses	11.	\$	80.00	
12.		sportation. I	Include gas, maintenance, bus or train fare.	12.	\$	200.00	
13.			clubs, recreation, newspapers, magazines, and books	13.	\$	0.00	
14.			ibutions and religious donations	14.	·	0.00	
	Insur		ibutions and rengious donations	17.	Ψ	0.00	
10.			surance deducted from your pay or included in lines 4 or 20.				
		Life insuran	, , ,	15a.	\$	0.00	
	15b.	Health insu	urance	15b.	\$	0.00	
	15c.	Vehicle insu	eurance	15c.	\$	258.00	
	15d.	Other insur	rance. Specify:	15d.	\$	0.00	
16.	Taxe: Speci		clude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00	
17.			ase payments:		·		
			ents for Vehicle 1	17a.	· <del></del>	0.00	
			ents for Vehicle 2	17b.	·	0.00	
		Other. Spec		17c.	·	0.00	
		Other. Spec	•	17d.	\$	0.00	
18.			of alimony, maintenance, and support that you did not report as your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I).	<b>s</b> 18.	\$	0.00	
19.			you make to support others who do not live with you.		\$	0.00	
	Speci		,,	19.	·	0.00	
20.			erty expenses not included in lines 4 or 5 of this form or on Sch		ur Income.		
			on other property	20a.		0.00	
	20b.	Real estate	etaxes	20b.	\$	0.00	
	20c.	Property, he	omeowner's, or renter's insurance	20c.	\$	0.00	
	20d.	Maintenand	ce, repair, and upkeep expenses	20d.	\$	0.00	
	20e.	Homeowne	er's association or condominium dues	20e.	\$	0.00	
21.	Othe	r: Specify:		21.	+\$	0.00	
22	Vaur	monthly ov	renegae Add lines 4 through 24	22.	\$	2.046.00	
22.		•	rpenses. Add lines 4 through 21. monthly expenses.	22.	Φ	2,046.00	
23		•	nonthly net income.	ļ			
20.		•	12 (your combined monthly income) from Schedule I.	23a.	\$	6,254.80	
			monthly expenses from line 22 above.	23b.	·	2,046.00	
	_00.	оору уса		_00.		2,040.00	
	23c.		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	4,208.80	
24.	For ex	kample, do you ication to the to	in increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you erms of your mortgage?			ase or decrease because of a	
	Expla						